



## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

PISTOL PERMIT



APPLICATION  
INSTRUCTIONS

### APPLICATION:

Complete *entire* application packet.

Use a separate piece of paper if you need space on the application to respond to questions.

If you were born in another country- you must provide a copy of citizenship certificate.

Use black ink or complete application on line and print.

When completing {form PPB-3}, start with the blocks asking for LAST NAME. ----->

### References:

\*Cannot be relatives or domestic partners. **{MUST know applicant minimum of THREE (3) years.}**

\*References must fully answer all the questions on "Reference Questionnaire".

\*References must sign 3 documents: Reference Questionnaire & both PPB-3 forms.

### Reference Questionnaire:

\*Must be notarized.

\*Do not collect the questionnaire from the references.

\*Reference must mail questionnaire directly to ----->

Broome County Sheriff' Office  
Pistol Permit Division  
155 Lt. VanWinkle Drive  
Binghamton, New York 13905

All fingerprints are completed by Pistol Permit Clerk.

\*applicant must provide FOUR (4) passport sized (2x2) photos. {No Selfies}.

If you are applying for a permit in connection with present or proposed employment.

\*Submit a letter from the employer verifying employment.

\*Employer letter must inform of your need for a permit.

Application must be notarized



Office Hours:

Mon – Fri

8:30am to 4:00pm

No application will be processed after

3:00pm



**FEES \$140.00**

{Cash, Certified bank check or Money order}

Make Bank Check or Money order out to:

Director of OMB

**CRIMINAL HISTORY GUIDELINES:** It is critical for all applicants to be completely truthful and forthcoming regarding their criminal history. The following will assist you in properly completing the criminal history portion of the application & what you must declare. You are required to submit any & all arrests, charges, summonses or indictments that you have been involved with. List even minor offenses like: bad checks, disorderly conduct, harassment, possession of marijuana & local laws! To obtain your own criminal history. Contact the NYS Division of Criminal Justice Services (518)457-9847 or (518) 485-7675 (\$60 fee by NYS for this service). This report may assist you in accurately completing the application. When in doubt, write it down! You are encouraged to contact the Pistol Permit Office with ANY questions regarding criminal history. 607-778-2113



**YOU MUST LIST ANY & ALL ARREST'S WHERE:**

- >Charges were seal by the court
- >Charges were dismissed by the court
- >You were given a youthful offender status
- >You were given a conditional discharge
- >You were placed on probation
- >You were taken before a judge

- >You were charged w/Driving while intoxicated or DWAI
- >You were given a summons to appear in court
- >You were required to make bail on a charge/incident
- >You were taken into physical custody by law enforcement
- >You were taken into custody on a warrant
- >You were photographed & fingerprinted as a result of an incident

The previous application guidelines have been explained to me by the pistol permit clerk. I understand that failure to disclose all required information may result in my application being denied.

Applicant's Signature

Date

**SUBSCRIBED AND SWORN TO BEFORE ME**

Pistol Permit Clerk

Date





## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

PISTOL PERMIT



APPLICANT REFERENCE  
QUESTIONNAIRE

Applicant's Last Name		Applicant's First Name		MI	DOB	
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character/background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <p>&gt;complete entire questionnaire                      &gt;You may use the back of the form to make any additional comments</p> <p><b>&gt;Your signature must be notarized</b>                      &gt;Mail using pre-addressed envelope {envelope w/postage provided by applicant}</p>						
Reference's Last Name (Print)		First Name		MI	Date of Birth	Phone
Reference Address		City		State	Zip	Email
Have you ever been convicted of any crime? If yes, give details						
Your occupation? (if retired, state prior occupation)			Do you have a Pistol Permit?		Issuing County	
How long have you known applicant?		What's your relationship with applicant?		Are you related by blood or marriage?		
How often/under what circumstances do you have contact with applicant?				By what other names is applicant known?		
What is the applicant's occupation?		Where is applicant employed?			How long?	
Did you employ applicant?		How long?		What circumstances caused applicant to leave?		
Are you in business relationship with applicant? If yes, explain				Is applicant a citizen of the US?		
Has applicant ever displayed a violent temper?			Has applicant indicated they might have a mental problem?			
Has the applicant had any history of social or family problems?				Is applicant of excellent moral character?		
Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol?						
What is applicant's reason for wishing to possess a pistol license?						
Without reservation, would you recommend the applicant as the type of person to possess a pistol?						
You may be contacted by a law enforcement officer to verify this information. False statements are punishable as a class A misdemeanor pursuant to section 210.45 if the NYS Penal Law.						
I hereby affirm that the foregoing statements of fact are true, under penalty of perjury				Reference's Signature		
SUBSCRIBED AND SWORN TO BEFORE ME				Notary Public		



## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

PISTOL PERMIT



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APPLICANT REFERENCE  
QUESTIONNAIRE

## OFFICE OF THE SHERIFF

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PISTOL PERMIT

APPLICANT REFERENCE  
QUESTIONNAIRE

## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

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I hereby affirm that the foregoing statements of fact are true, under penalty of perjury			Reference's Signature			
SUBSCRIBED AND SWORN TO BEFORE ME			Notary Public			





PISTOL PERMIT

APPLICATION  
SUPPLEMENTAL

## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

Applicant's Last Name (Print)		First Name		MI	DOB		Email
Address		City		State	Zip	How long @ present address?	
Maiden Name		Physical Address (how you would tell someone to find your house)					
Home Phone		Cell Phone			Work Phone		
Previous Addresses		City		State		Zip	
Previous Employer (s)		Dates of Employment		Reason for leaving			
References							
#1	Last Name		First		MI	Phone	
Street		City		State		Zip	
#2	Last Name		First		MI	Phone	
Street		City		State		Zip	
#3	Last Name		First		MI	Phone	
Street		City		State		Zip	
#4	Last Name		First		MI	Phone	
Street		City		State		Zip	



## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

PISTOL PERMIT



Request for a Restricted  
Pistol Permit

### REQUEST FOR A RESTRICTED PISTOL PERMIT

#### BROOME COUNTY, NEW YORK

I, \_\_\_\_\_ in support of my application for a Restricted Pistol Permit,  
Represent to the Issuing Officer.

<That I understand the Pistol Permit, if issued, will allow me to carry registered weapons for the limited purpose of hunting or target shooting only.

<That this permit does not authorize me to possess, use or carry any firearm for any other purpose.

<That I will carry authorized firearms only when going to, coming from and during activities related to hunting and target shooting, and while enroute to or from hunting and target shooting. I will not carry or display a firearm while engaged in any unrelated activities.

<That I will under no circumstances carry or display any firearm in any premise licensed to sell alcoholic beverages.

<That I understand if I violate any of the above conditions of issuance, my permit is subject to suspension or revocation in the discretion of the Issuing Officer.

Dated	Signature of Applicant
-------	------------------------

Sworn to before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC



In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER		PPB-3 (REV. 03/11)		COUNTY OF ISSUE		CODE	
LICENSE NUMBER		STATE OF NEW YORK					
DATE OF ISSUE		PISTOL /REVOLVER LICENCE APPLICATION				EXPIRATION DATE	
MONTH DAY YEAR		MONTH DAY YEAR				MONTH DAY YEAR	
LAST NAME				FIRST NAME			
RESIDENCE ADDRESS				CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK			
DATE OF BIRTH				ZIP CODE			
HEIGHT (in) WEIGHT (lbs) EYES HAIR RACE				SOCIAL SECURITY NUMBER			
PRESENT OCCUPATION				CITIZEN OF U.S.A.			
EMPLOYED BY				NATURE OF BUSINESS			
BUSINESS ADDRESS							

I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only) ☐ CARRY CONCEALED ☐ \* POSSESS ON PREMISES  
☐ \* POSSESS/ CARRY DURING EMPLOYMENT ( \* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION

CITY, VILLAGE, TOWN

ZIP CODE

A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☐ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION-COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? ☐ YES ☐ NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? ☐ YES ☐ NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? ☐ YES ☐ NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? ☐ YES ☐ NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? ☐ YES ☐ NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? ☐ YES ☐ NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH  
OF APPLICANT  
TAKEN WITHIN 30 DAYS

FULL FACE ONLY

ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MY BE ISSUED TO ME:

1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK.
2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION WILL BE VALID ONLY FOR A PISTOL OR REVOLVER SPECIFICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED BY THE LICENSING OFFICER.
3. IF I PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARDED TO THE SUPERINTENDENT OF THE STATE POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY, TO THE LICENSING OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUCH CHANGE.
4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.

JURAT:

SIGNED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

AT \_\_\_\_\_, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICE ADMINISTERING OATH

TITLE OF OFFICER

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS  
REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

APPLICATION NOT VALID UNLESS SWORN



1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
<h1 style="text-align: center;">FINGERPRINTS SUBMITTED ELECTRONICALLY</h1>				
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

**IMPRESSIONS**

**TAKEN BY:** NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS:

**INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:**

NAME RANK ORGANIZATION **Broome County Sheriff's Office**

Recommend Approval - Recommend Disapproved (Strick out one)

Broome County Sheriff / Broome County Undersheriff  
SIGNATURE OF INVESTIGATING OFFICER

THIS APPLICATION IS **APPROVED – DISAPPROVED** (STRIK OUT ONE)

THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE:

Broome County Court Judge -

TITLE AND SIGNATURE OF LICENSING OFFICER

**IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:**

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF:

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN 10 DAYS OF ISSUANCE AS REQUIRED BY PENAL LAW SECTION 400.00 SUBD.5.

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

NYSID NUMBER		PPB-3 (REV. 03/11)		INSTRUCTIONS: Print or type in black ink only	
LICENSE NUMBER		STATE OF NEW YORK		COUNTY OF ISSUE	
DATE OF ISSUE		PISTOL/REVOLVER LICENCE APPLICATION		CODE	
MONTH DAY YEAR		EXPIRATION DATE		MONTH DAY YEAR	
LAST NAME		FIRST NAME		MI	
RESIDENCE ADDRESS		CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK		DATE OF BIRTH	
HGT (ins) WGT (lbs) EYES HAIR RACE		SOCIAL SECURITY NUMBER		PRESENT OCCUPATION	
EMPLOYED BY		NATURE OF BUSINESS		BUSINESS ADDRESS	
CITY/VILLAGE/TOWN		ZIP CODE		CITIZEN OF U.S.A.	
YES NO					

I HEREBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only) ☐ CARRY CONCEALED ☐ \* POSSESS ON PREMISES  
☐ \* POSSESS/ CARRY DURING EMPLOYMENT ( \* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE  
A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER			
LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☐ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION-COURT AND DATE

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DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? ☐ YES ☐ NO  
HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? ☐ YES ☐ NO  
IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS	ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.
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FULL FACE ONLY	JURAT: SIGNED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____ AT _____, NEW YORK
SIGNATURE OF APPLICANT	SIGNATURE OF OFFICE ADMINISTERING OATH

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

PPB3/PPB3A

TITLE OF OFFICER  
APPLICATION NOT VALID UNLESS SWORN



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**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

**IMPRESSIONS TAKEN BY:**      NAME \_\_\_\_\_ RANK \_\_\_\_\_ SHIELD \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE AND ADDRESS: \_\_\_\_\_

**INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:**

NAME \_\_\_\_\_ RANK \_\_\_\_\_ ORGANIZATION **Broome County Sheriff's Office**

Recommend Approval - Recommend Disapproved (Strick out one)

Broome County Sheriff / Broome County Undersheriff  
SIGNATURE OF INVESTIGATING OFFICER

THIS APPLICATION IS APPROVED – DISAPPROVED (STRICK OUT ONE)

THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE:

Broome County Court Judge -

TITLE AND SIGNATURE OF LICENSING OFFICER \_\_\_\_\_

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